

## Appendix 1: Gift Acceptance Description Form and Validity Test Survey

### Section A: Gift Acceptance Description Form

IC: \_\_\_\_\_ Date: \_\_\_\_\_

IC Point of Contact (Name): \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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**Please Print:**

Name of Donor: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Donor Point of Contact (Name): \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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Category of Gift:

Check applicable box:	Monetary	<input type="checkbox"/>	Nonmonetary	<input type="checkbox"/>
	Conditional	<input type="checkbox"/>	Unconditional	<input type="checkbox"/>
	Personal Property	<input type="checkbox"/>	Real Property	<input type="checkbox"/>

Amount/value of gift: \_\_\_\_\_

Description and purpose of gift including any donor imposed restrictions or conditions:

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### Section B: Validity Test Survey

This survey will help to determine whether NIH is in compliance with the statutory and delegated authorities to accept gifts from the private sector, conditional and unconditional, monetary and nonmonetary, and whether there may be any potential for a conflict of interest.

1. Will acceptance of the gift, to a reasonable person, compromise the integrity of, or the appearance of the integrity of a Governmental program or of any official involved in that program? \*

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there an actual or apparent conflict of interest?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is there any matter pending before the NIH that would affect the interest of the donor, e.g., approval of a grant or award of a contract? If so, what? Indicate the nature of the matter.

Yes \_\_\_\_\_ No \_\_\_\_\_

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4. Does the NIH control activity in which the donors have an interest or the potential for an interest, such as CRADAs, research and development or other contract programs, grant programs, or clinical trials? If so, indicate which activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

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5. Will the amount/value, or the nature of the gift alone raise a significant concern?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is the gift being offered for endorsement purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does the gift meet generally acceptable public standards?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is the gift reasonable to administer?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Will the principal beneficiary of the gift be the NIH?

Yes \_\_\_\_\_ No \_\_\_\_\_

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10. Are there donor imposed restrictions or conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is the gift being offered to the NIH to support the activities of a specific individual employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

12. What is the practical impact of the gift within the NIH or IC?

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\* NOTE: If the gift is from a determined “prohibited source” as defined in Section E.1. of this manual chapter, please ensure that you follow the applicable procedures outlined in that section.

If your answer was “Yes” to Question Nos. 1 - 6; or “No” to Question Nos. 7 – 9, careful scrutiny should be given to any unfavorable responses and the Office of the General Counsel should be consulted for advice.

**Signatures:**

\_\_\_\_\_  
IC Recommending Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
IC Ethics Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
IC Authorizing Official (See NIH  
Manual 1130, Finance No. 5)

\_\_\_\_\_  
Date